Nebraska Department of Education Financial Services Section 301 Centennial Mall South P.O. Box 94987 Lincoln, NE 68509-4987 402/471-6351 - Fax NDE 28-003 New 9/91 http://www.nde.state.ne.us/ADSS/NDE28003.pdf



REPORT OF EXPENDITURES AND ESTIMATED REQUIREMENTS OF GRANT FUNDS

| TITLE OF GRANT PROGRAM: | | |
|---|-------------------------------|----------------------------|
| PROJECT NO.: | FISCAL YEAR PROJECT APPROVED: | |
| APPLICANT NAME: | | |
| PREPARED BY: | TELEPHONE NUMBER: | |
| PART I – Report of Expenditures for the Period Beginning | | and Ending |
| ITEM | | AMOUNT OF EXPENDITURES |
| A. Expenditures Previously Reported: (line C from previous report) | | \$ |
| B. Actual Expenditures for Current Report: | | \$ |
| C. Grant-to-Date Reported Expenditures: (line A + line B) | | \$ |
| D. Grant-to-Date Reimbursement Received: | | \$ |
| E. Cash on Hand for Reporting Period: (line D – line C) | | \$ |
| PART II – Estimated Reimbursement Requirements for Period Begining and Ending | | |
| MONTH GRANT REIMBURSEMENT IS NEEDED | | ESTIMATED AMOUNT NEEDED |
| 1. Select Month | | \$ |
| 2. Select Month | | \$ |
| 3. Select Month | | \$ |
| 4. (Add 1, 2 and 3) Total | | \$ |
| 5. Less Grant Cash on Hand at end of Reporting Period (Same as Part I line E) | | \$ |
| 6. Net amount of Grant reimbursement required (line 4 – line 5) | | \$ |
| REMARKS: | | |
| | | |
| I certify that, to the best of my knowledge and belief, this report is true and correct in all respects; supporting documentation for all entries in the accounting records are on file and will be retained for five (5) years or until the Applicant is notified that such records are no longer needed for administrative review; and the federal funds have been expended only for the purpose they were granted. | | |
| Type or Print Name of Authorized Representative: | Title: | |
| Signature of Authorized Representative: | Date: | |

Instructions for Report of Expenditures and Estimated Requirement of Grant

Due Dates: Consult your program specific instructions for appropriate due dates.

General Instructions: Federal regulations state that funds from different grant years cannot be reported together. Both expenditures and receipts from different grants must be reported separately.

HEADING

- (1) Indicate your project number. This is your six digit county/district number plus any suffixes (i.e. 27-0046 DF91 or 55-1061 C292) to indicate drug free fy91 grant in the first example and chapter 2 fy92 grant in the second example.
- (2) The First Year Project Approved is the school year or period during which the project was approved.
- (3) Name of the Applicant participating in the grant.
- (4) Name of the person preparing the form.
- (5) Telephone number of the person listed in #4.

PART I – REPORT OF EXPENDITURES

First date – beginning date of the project. Date listed on the approval letter.

Second date – cutoff date for expenditures included on line B.

- Line A If this is the first report of the grant, Line A will be zero. After the first report, Line A will be the Grant-to-Date expenditures as reported on Line C of the previous report.
- Line B Include all expenditures for the current report only. These expenditures cannot be included on Line A. Expenditures must be documented by either a Record and Report of Finance (NDE 28-004) or appropriate computer printouts (monthly budget status reports and Journal Entry printouts). Report the current report's beginning and ending dates.
- Line C Add Line A and B and enter the total. This total should equal the Grant-to-date expenditures through the cutoff date of this report. (THIS IS CALCULATED.)
- Line D Enter the Grant-to-date reimbursement received from NDE.
- Line E Subtract Line C from Line D to determine cash balance. This may be a negative number. (THIS IS CALCULATED.)

PART II - ESTIMATED GRANT REQUIREMENTS FOR NEXT QUARTER

Report quarter ending that funds are being requested.

General Instructions – Part II is the section that funds are requested. Due to federal cash management regulations, federal grants, should not be requested in excess of estimated obligation for the next quarter. Excess cash balances are to be limited in federal program.

- Line 1 Enter the month grant funds are being requested and the dollar amount.
- Line 2 Enter the month grant funds are being requested and the dollar amount.
- Line 3 Enter the month grant funds are being requested and the dollar amount.
- Line 4 Add Lines 1, 2 and 3 and enter total. (THIS IS CALCULATED.)
- Line 5 Enter the Grant Cash on Hand as reported on Line E. (THIS IS CALCULATED.)
- Line 6 Enter the Net amount of Grant reimbursement required for the next Reporting Period. If Line 5 is positive, subtract Line 5 from Line 4 and enter the result. If Line 5 is negative, add Line 5 to Line 4 and enter the result. (THIS IS CALCULATED.)

SIGNATURE BLOCK

School District Reports must be signed and dated by the district's authorized representative. The name and title of the representative must be recorded in the board minutes. The Authorized Representative must be a designee of the organization and be so designated on the appropriate contract or agreement form.

Retain copy for your files and submit original and one copy to the Nebraska Department of Education.